

**BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE**

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**ANNUAL REPORT TO THE PUBLIC FOR 2009**  
**ON**  
**QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN**  
**BY**  
**BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE - WNHS**

**Please send completed reports to:  
Director, Office of Safety and Quality in Healthcare  
Department of Health  
PO Box 8172 Perth Business Centre  
Western Australia 6849**

If you require any further information, or have any queries, please contact the Office of Safety and Quality in Healthcare on 9222 4080.

***Please note:*** The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

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Date: 26<sup>th</sup> March 2010

The *Health Services (Quality Improvement) Act 1994* provides for the approval and protection of quality improvement committees reviewing, assessing and monitoring the quality of health services and for related purposes. Section 9 of the *Health Services (Quality Improvement) Regulations 1995* each committee is to make a report available to the public at least once in each period of 12 months.

The following fulfils the requirements of the committee under section 9 of the *Health Services (Quality Improvement) Regulations 1995*.

Attach a copy of the committee's Terms of Reference

Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required

**Note:** *Use the example table below for each activity/projects/issue undertaken/reviewed*

Issue/project/activity

- *Description – Provide additional information about the issue/project/activity reviewed – what was assessed, evaluated or studied and the factors affecting the quality of services. Ensure this information does not expressly or by implication identify any individual.*
- *Action Taken – Describe in general terms action taken as a result of the assessment and evaluation.*
- *Outcomes – What were the outcomes of the actions taken? (where possible this should include results of follow-up audits, surveys etc that show changes have occurred/ strategies have been implemented and complied with)*

Description	Action	Outcomes
Review of interval cancers	Audit of individual cases. Development of needs-based clinical training. Open communication with individuals involved.	Detailed performance feedback mechanisms to individual clinicians results in improved radiology reporting. Continuous improvement of film reading quality.

Description	Action	Outcomes
Ongoing individual case review	<p>Follow-up of relevant cases as considered appropriate by the Committee.</p> <p>Development of clinical training courses recognised by relevant professional colleges and national bodies to meet information needs and skills gap in relation to breast cancer management.</p>	<p>Improvement of clinical practices through regular review of clinical or surgical management.</p> <p>Presentation of findings at multidisciplinary educational meetings where appropriate (see Appendix 3 attached).</p> <p>Provision of breast cancer management courses for GPs (GPDWA recognised), Indigenous Health Workers and other health professionals.</p>
Feedback from consumers and stakeholders	<p>Feedback from GP Advisory Group and Consumer Reference Group provided input into the development of new resources and media advertising.</p> <p>Evidence based data assists in the strategic provision of services including facilities and equipment.</p> <p>Feedback, both positive and negative, from clients is monitored.</p>	<p>Development of tailored staff training, professional education and system review initiatives.</p> <p>A consumer rights brochure is now available at the clinics, and a poster to promote the service among CALD women, in 12 languages, and a 'Modifiable lifestyle risk factors' fact sheet are being developed. A flip chart was developed with the Cancer Council WA for the use of health workers.</p> <p>Investigate and monitor areas where clients expressed dissatisfaction.</p>
Monitor compliance with National Accreditation Standards	<p>Audit of cases or review of policies and circumstances where the Service may not comply.</p> <p>Development of Bunbury business case in 2009 to meet service demand and build capacity in specific regional areas so accreditation standards regarding timeliness are able to be met.</p>	<p>Implementation of updated policies and procedures as relevant.</p> <p>A screening and assessment clinic is planned for Bunbury in 2010/2011 which will improve timeliness and meet the needs of women in the SW of the state.</p>
Review of Service policies and procedures	<p>Close liaison with Programmes in other States and Territories regarding their policies and issues encourage information sharing - improving clinical and administrative practices, especially in regard to the introduction of digital mammography.</p> <p>Develop business plan to implement digital mammography as a new technology.</p>	<p>Exchange of Policies and Procedures Manual with other BreastScreen programs.</p> <p>Improved clinical and administrative practices.</p> <p>Digital mammography screening was introduced in March 2009 and will be progressively rolled out across the service to 2013.</p>

Description	Action	Outcomes
Monitor BSWA Quality Improvement Plan	More structured implementation and evaluation of quality improvement activities.  Ongoing critical evaluation of current practices.	Quarterly reporting on service wide quality improvement activities submitted to the Committee.  Regular quality improvement activities encourage a culture of continuous improvement across all disciplines and levels of the organisation.



## Multidisciplinary Meetings 2009

Meetings commence at 6.00pm and rotate between RPH and SCGH monthly.

RPH: Monday, Radiology Seminar Room, Radiology Department.

SCGH: Wednesday, John Glancy Seminar Room, 1<sup>st</sup> Floor G Block.

Monday 23 <sup>rd</sup> March	Breast Cancer in WA, the State of Play Dr Andrew Redfern	RPH
Monday 25 <sup>th</sup> May	Screening in Asia/Asian women Prof Shih Chang Wang	RPH
Monday 22 <sup>nd</sup> June	The elderly Breast Cancer Patient - should we treat as an indolent condition? Mr Ming Yew	RPH
Wednesday 22 <sup>nd</sup> July	Phase II study of pre-operative TAC in locally advanced breast cancer: Role of MRI Dr Arlene Chan	SCGH
Monday 24 <sup>nd</sup> August	Pathology of Apocrine Lesions Dr Tersia Vermeulen	RPH
Wednesday 23 <sup>rd</sup> September	Pre Operative Assessment of Tumour extent - What does the surgeon need and the patient deserve? Dr Roshi Kamyab	SCGH
Monday 19 <sup>th</sup> October	Pathology of Basal Carcinomas Jeremy Parry	RPH
Monday 16 <sup>th</sup> November	Ex vivo & in vivo Magnetic Resonance Spectroscopy (MRS) - the next step in the investigation and diagnosis of cancer using Magnetic Resonance Imaging (MRI)? Mr Peter Malycha	UWA